



City of Pleasant Hill Benefits Summary for Regular, Full-Time Employees

BENEFIT	LOCAL ONE	PROFESSIONAL & CONFIDENTIAL EMPLOYEES	POLICE ASSOCIATION NON - SWORN	POLICE ASSOCIATION SWORN (NON-MGMT)	MANAGEMENT GROUP (Includes Police Chief)																																																																														
Scheduled Salary Increase	Expires August 31, 2011	Expires October 31, 2011	Expires July 31, 2011	Expires July 31, 2011	Expires February 28, 2010																																																																														
Holidays	Thirteen (13) paid holidays plus one (1) personal leave day per year	Thirteen (13) paid holidays plus one (1) paid personal leave day per year	Thirteen (13) paid holidays plus one (1) personal leave day per year	Thirteen (13) paid holidays per year	Thirteen (13) paid holidays per year																																																																														
Vacation Leave	<table><tr><th><u>YEARS OF SERVICE</u></th><th><u>VACATION DAYS PER YEAR</u></th></tr><tr><td>1-3</td><td>12</td></tr><tr><td>4-6</td><td>15</td></tr><tr><td>7-9</td><td>16</td></tr><tr><td>10-14</td><td>18</td></tr><tr><td>15-19</td><td>21</td></tr><tr><td>20</td><td>23</td></tr></table>	<u>YEARS OF SERVICE</u>	<u>VACATION DAYS PER YEAR</u>	1-3	12	4-6	15	7-9	16	10-14	18	15-19	21	20	23	<table><tr><th><u>YEARS OF SERVICE</u></th><th><u>VACATION DAYS PER YEAR</u></th></tr><tr><td>1-3</td><td>12</td></tr><tr><td>4-6</td><td>15</td></tr><tr><td>7-9</td><td>16</td></tr><tr><td>10-14</td><td>18</td></tr><tr><td>15-19</td><td>21</td></tr><tr><td>20</td><td>23</td></tr></table>	<u>YEARS OF SERVICE</u>	<u>VACATION DAYS PER YEAR</u>	1-3	12	4-6	15	7-9	16	10-14	18	15-19	21	20	23	<table><tr><th><u>YEARS OF SERVICE</u></th><th><u>VACATION DAYS PER YEAR</u></th></tr><tr><td>1-3</td><td>12</td></tr><tr><td>4-6</td><td>15</td></tr><tr><td>7-9</td><td>16</td></tr><tr><td>10-14</td><td>18</td></tr><tr><td>15-19</td><td>21</td></tr><tr><td>20</td><td>23</td></tr></table>	<u>YEARS OF SERVICE</u>	<u>VACATION DAYS PER YEAR</u>	1-3	12	4-6	15	7-9	16	10-14	18	15-19	21	20	23	<table><tr><th><u>YEARS OF SERVICE</u></th><th><u>VACATION DAYS PER YEAR</u></th></tr><tr><td>1-3</td><td>12</td></tr><tr><td>4-6</td><td>15</td></tr><tr><td>7-9</td><td>16</td></tr><tr><td>10-14</td><td>18</td></tr><tr><td>15-19</td><td>21</td></tr><tr><td>20</td><td>23</td></tr></table>	<u>YEARS OF SERVICE</u>	<u>VACATION DAYS PER YEAR</u>	1-3	12	4-6	15	7-9	16	10-14	18	15-19	21	20	23	<table><tr><th><u>YEARS OF SERVICE</u></th><th><u>VACATION DAYS PER YEAR</u></th></tr><tr><td>1-3</td><td>12</td></tr><tr><td>4-6</td><td>17</td></tr><tr><td>7-9</td><td>18</td></tr><tr><td>10-12</td><td>19</td></tr><tr><td>13-15</td><td>20</td></tr><tr><td>16-18</td><td>21</td></tr><tr><td>19-21</td><td>22</td></tr><tr><td>22-24</td><td>23</td></tr><tr><td>25-27</td><td>24</td></tr><tr><td>28</td><td>25</td></tr></table>	<u>YEARS OF SERVICE</u>	<u>VACATION DAYS PER YEAR</u>	1-3	12	4-6	17	7-9	18	10-12	19	13-15	20	16-18	21	19-21	22	22-24	23	25-27	24	28	25
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Sick Leave	Employees earns one (1) day per month. No maximum accrual.	Employees earns (1) day per month. No maximum accrual.	Employees earn one (1) day a month. No maximum accrual.	Employees earn one (1) day a month. No maximum accrual.	Employees earn one (1) day a month. No maximum accrual.																																																																														
Overtime/ Compensatory Time	May accrue Comp. Time in lieu of OT pay up to max. of sixty (60) hrs.	May accrue Comp. Time in lieu of OT pay up to max. of sixty (60) hrs.	May accrue Comp. Time in lieu of OT pay up to max. of eighty (80) hrs.	May accrue Comp. Time in lieu of OT pay up to max. of eighty (80) hrs.	N/A																																																																														
Administrative Leave	N/A	N/A	N/A	N/A	Up to sixteen (16) hours Administrative Leave per month. Time must be earned, and does not carry over month to month.																																																																														



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MEDICAL INSURANCE	EMPLOYEES CONTRIBUTE TOWARDS THE PREMIUM COSTS FOR MEDICAL COVERAGE UNDER KAISER OR HEALTH NET Effective first of the month following date of hire; terminates last day of that month. An employee with medical insurance coverage outside the City may redirect \$200 (\$400 for Management Group & PACE) to 457 deferred compensation accounts. An employee must show proof of adequate medical insurance coverage under another health plan before the benefit may be redirected. Domestic Partner coverage available 01/01/04 for same sex partners registered with the state.				
Contributions to Medical Coverage Premium	September 1, 2008 – August 31, 2011 \$660.00 per year \$55 per month	November 1, 2008 – October 1, 2011 \$660.00 per year \$55 per month	August 1, 2009 – July 31, 2011 \$660 per year \$55 per month		March 1, 2008-February 28, 2010 \$660 per year \$55 per month
Medical: Kaiser (HMO) www.kp.org	POLICY RENEWAL DATE: September 1 st Annually \$5 co-payment for Physician/Nurse Practitioner Office Visits, \$5 co-payment for generic/\$10 co-payment for brand prescriptions, \$35 co-payment for emergency room visit (waived if admitted). Dependents covered up to end of 24 th birthday month, when full-time student or dependent defined by IRS. MONTHLY RATES effective 9/01/10 – SINGLE: \$575.52, 2-PARTY: \$1,151.04, FAMILY: \$1,628.66				
Medical: Health Net (HMO) www.healthnet.com	POLICY RENEWAL DATE: September 1 st Annually \$5 co-payment for Physician/Nurse Practitioner Office Visits, \$5 co-payment for generic/\$10 co-payment for brand/\$35 co-payments for non-formulary prescriptions, \$35 co-payment for emergency room visit (waived if admitted). Dependents covered up to end of 24 th birthday month, when full-time student or dependent defined by IRS. MONTHLY RATES effective 9/01/10 – SINGLE: \$688.80, 2-PARTY: \$1,480.89, FAMILY: \$2,031.92				



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<div>Dental: Delta Dental Plan</div> <div>www.deltadentalca.org</div> <div>(800) 765-6003</div>	<div>POLICY RENEWAL DATE: July 1st Annually</div> <div>Effective first of the month following six (6) completed months of employment. Fully paid by the City. \$10 deductible per person per year, this is an 80/20 plan. Primary enrollee and spouse as well as dependent children to age 19 and Full-time students to age 23.</div> <div>MONTHLY RATES effective 7/1/10 – (DENTAL ONLY \$1,500) SINGLE: \$59.85, 2-PARTY: \$101.92, FAMILY: \$147.61</div> <div>MONTHLY RATES (\$1,000 DENTAL & \$1,500 ORTHO) SINGLE: \$50.43, 2-PARTY: \$88.03, FAMILY: \$141.87</div>				
	<div>\$,1500 Dental Only OR \$1,000 Dental + \$1,500 Orthodontic</div>	<div>\$1,500 per person maximum benefit paid per calendar year.</div>	<div>Dental benefit only - \$1,500 per year per employee or eligible dependents - OR - Dental + Ortho - \$1,000 per year dental/\$1,500 per lifetime orthodontic plan per employee or eligible dependents</div>		<div>\$1,500 per person maximum benefit paid per calendar year.</div>
<div>Vision VSP</div> <div>www.vsp.com</div> <div>Member Services (800) 877-7195</div>	<div>CITY PAYS 100% OF PREMIUM FOR VISION COVERAGE</div> <div>POLICY RENEWAL DATE: April 1st</div> <div>Effective first of the month following date of hire; benefit ends last day of the month employee is terminated. Plan administered by Vision Service Plan (VSP). \$10 copay for exam, \$25 copay for prescription glasses.</div> <div>Coverage from a VSP Doctor – Exam covered in full every twelve (12) months, Prescription Glasses: Lenses covered in full every twelve (12) months, Frame every twelve (12) months, frame of your choice covered up to \$120, plus 20% off any out-of-pocket costs. - OR – Contact Lens Care every twelve (12) months. When you choose contacts instead of glasses your \$120 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to insure proper fit of contacts.</div> <div>MONTHLY RATE: \$19.64</div>				
<div>Employee Assistance Program (EAP) members.mhn.com</div> <div>(800) 242- 6220</div>	<div>Program administered by Municipal Pooling Authority. Eight (8) sessions per incident per employee/or dependents. No employee cost; employer cost \$45 per employee per year.</div>				



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Flexible Benefits: Section 125 American Fidelity Assurance Company www.afadvantage.com (800) 354-7059	RENEWAL DATE: September 1st Annually Section 125 Plan is administered by American Fidelity Assurance Company. Voluntary pre-tax employee contribution via payroll deduction each plan year. Dependent Care Reimbursement: \$5,000 annual maximum. Medical Expense Reimbursement: \$3,600 annual maximum.				
Workers' Compensation Benefits: Municipal Pooling Authority (MPA)	RENEWAL DATE: July 1st The City's workers' compensation program is self-insured, with claims administered by Municipal Pooling Authority. Workers' compensation benefits provided consistent with state law.				
Health & Safety and Wellness: MPA in conjunction with the City	Training programs offered throughout the year to engage all employees in maintaining a safe and healthy work place. Voluntary wellness programs and activities available throughout the year.				



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Short-Term & Long Term Disability Plan holder Contra Costa County Municipal Pooling Authority Sworn Officers Insured by PORAC	City pays premium \$0.95% multiplied by annual income. Coverage is 2/3 of salary after a 30-day waiting period.				
				Sworn Officers L.T.D. is provided through a contract with PORAC. While on disability the City will continue to pay the medical, dental and life insurance premiums for the employee. The City agrees to pay the total cost of the L.T.D. payments. Premium payments based on monthly salary: \$3900 - \$4200 = \$69.28 \$4200 - \$4500 = \$74.77 \$4500 - \$4800 = \$80.27 \$4800 - \$5100 = \$85.75 \$5100 - \$5400 = \$91.23 \$5400 - \$5700 = \$96.71 \$5700 - \$6000 = \$102.25	
Life Insurance: Principal Life Insurance Company for: <i>PACE, Local 1 & Management</i>	Effective July 1 st Annually. The City pays 100% for Life Insurance premiums to provide fifty thousand (\$50,000) coverage. Police Association, Sworn/Non-Sworn: \$13.33/month PACE & Local One Employees: \$12.75/month				Management: 1x Annual Salary \$0.255/\$1000 of coverage
Retirement: CalPERS www.calpers.ca.gov (888) CalPERS (888) 225-7377	Effective immediately upon hire. Local Miscellaneous: 2% at 55 Employee Rate: 7% (paid by City) Employer Rate: 12.012% Effective 7/1/10			Effective immediately upon hire. Safety 3% at 50 Employee Rate: 9% (paid by City) Employer Rate: 27.803% Effective 7/1/10 PLAN RENEWAL DATE: July 1st Annually <i>*Includes Police Chief, Captain & Lieutenant</i>	Effective immediately upon hire. Local Miscellaneous 2% at 55 Employee Rate: 7% (paid by City) Employer Rate: 12.012% Effective 7/1/10 PLAN RENEWAL DATE: July 1st Annually



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Social Security	Social Security is only applicable to certain temporary employees not covered by CalPERS.				
Medicare	Applies to new hires after 3/31/86. 1.45% of employee's salary paid by employee; City pays equivalent of 1.45% of employee's salary.				
Retirement: 457 Deferred Compensation Plan: ICMA-RC www.icmarc.org Investor Services: (800) 669-7400	Plan Administered by ICMA-RC. Voluntary employee contributions via payroll deduction on a pre-tax basis up to \$16,500 for the 2010 calendar year for participants under 50. Employees 50 years and over may contribute up to \$22,000 for the 2010 calendar year. No employer contribution.				
Retirement: 401(a) Money Purchase Plan: ICMA-RC www.icmarc.org Investor Services: (800) 669-7400	Employees contribute 4% of monthly salary with the City matching contribution.	Employees contribute 4% of monthly salary with the City matching contribution.	Employees contribute 4% of monthly salary with the City matching contribution.	Employees contribute 3% of monthly salary with the City matching contribution.	The City contributes 9% of salary each month into ICMA 401(a) Money Purchase Plan.
Retirement: Health Savings Plan (RHS) ICMA – RC www.icmarc.org Investor Services: (800) 669-7400					Voluntary employee contributions up to 50% of earnings. Employees may also contribute vacation and sick leave balances upon separation or retirement.



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Educational Expense Reimbursement	Employee receives monthly compensation equal to \$18 multiplied by the number of credit units taken up to a maximum of nine (9) units during any semester or quarter. In addition, City will agree to reimburse the employee for tuition and books up to a maximum of \$450 per semester or quarter and maximum \$1,400 per calendar year	Employee receives monthly compensation equal to \$18 multiplied by the number of credit units taken up to a maximum of nine (9) units during any semester or quarter. In addition, City will agree to reimburse employee for books, technology upgrades or additions, up to a maximum of \$500 per semester or quarter and \$2000 per calendar year.			N/A
Vehicle Allowance	N/A	N/A	N/A	N/A	Varies by position per month (\$125 - \$300) Department Directors: \$300 per month Redevelopment Admin: \$300 per month City & Senior Engineer/Senior Planner/Finance Manager/HR Manager.: \$200 per month Acct. Mgr./Mgmt Analyst.: \$125 per month
Computer Technology Reimbursements	N/A	N/A	N/A	N/A	Employees shall be provided up to \$1500 every two (2) years for the purchase of eligible computer technology products.
Uniform Allowance	Protective apparel allowance of \$175 per year	N/A	Effective August 1, 2010 Non – Sworn: \$740 annual allowance Sworn: \$988 annual allowance The City adjusts the amount to reflect the annual CPI for San Francisco, Oakland and San Jose.		N/A
Educational Degree Incentive Pay	N/A	N/A	N/A	The City agrees that Sworn Police Officers shall be entitled to educational incentive pay as follows: 1. Intermediate POST Cert. – 1.25% of base pay/month. 2. Bachelor's Degree, or 180 quarter units or 120 semester units plus Advanced POST Cert. – 5% of base pay/month. 3. MA/MS Degree and Advanced POST Cert. – 7.5% of base pay/month.	N/A